

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		①				
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		2				
12		①				
13		1				
14		1				
15	1					
16		1				
17		2				
18		①				
19		1				
20		1				
21		1				
22		1				
23		2				
24		2				
25		2				
26		①				
27		1				
28		1				
29	1					
30		1				
31		1				
32		①				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		①				
40		1				
41		1				
42		1				
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	57					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						